TN - Submission Package - TN2020MS0002O - (TN-21-0010) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Approval Letter



CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

Package ID TN2020MS0002O

SPA ID TN-21-0010

Submission Type Official

Initial Submission Date 12/29/2021

Approval Date 3/23/2022

Effective Date 10/1/2021

Superseded SPA ID TN 94-1

User-Entered

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.

2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:

b. Optional State Supplement

c. AFDC

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

 Package ID
 TN2020MS00020
 SPA ID
 TN-21-0010

Submission TypeOfficialInitial Submission Date12/29/2021

Approval Date 3/23/2022 Effective Date 10/1/2021

Superseded SPA ID TN 94-1

User-Entered

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS0002O

Submission Type Official

Approval Date 3/23/2022

Superseded SPA ID TN 94-1

User-Entered

SPA ID TN-21-0010

Initial Submission Date 12/29/2021

Effective Date 10/1/2021

C. Financial Methodologies

1. In calculating household in	come and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability,
SSI methodologies are used.	Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

 $\textbf{Description of disregard:} \quad \textbf{All wages paid by the Census Bureau}$

for temporary

employment activities in connection with the full Census that occurs every

10 years are excluded.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

O No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource. Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.	Name of resource type:	Description:
	. 0	in business/non-business resources used to produce income is excluded as a resource. Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an

Name of resource type:	Description:
Resources accrued during the COVID-19 public health emergency	To the extent that CMS advises states that they may not increase an individual's patient liability amount under the post-eligibility treatment of income rules under 42 CFR 435.725 and 435.733 and continue to receive the enhanced FMAP provided under Section 6008 of Families First Coronavirus Response Act, the state will disregard any resources that a recipient accrues as a result of the state's inability to adjust patient liability during the COVID-19 public health emergency for a period of 12 months following the end of the emergency.

$\ensuremath{{\ensuremath{ \buildrel \square}}}$ The following less restrictive methodologies are used:
--

Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

 Package ID
 TN2020MS00020
 SPA ID
 TN-21-0010

Submission TypeOfficialInitial Submission Date12/29/2021Approval Date3/23/2022Effective Date10/1/2021

Superseded SPA ID TN 94-1

User-Entered

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS0002O

Submission Type Official

Approval Date 3/23/2022

Superseded SPA ID TN 94-1

User-Entered

F. Additional Information (optional)

SPA ID TN-21-0010

Initial Submission Date 12/29/2021

Effective Date 10/1/2021

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/29/2022 1:37 PM EDT